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To: Assistant Commissioner for Patents	From: Estella Pineiro Patent Administrator 818/493-2251
Attention: Examiner G. Manuel Art Unit: 3762 TECHNOLOGY CENTER 3700	ST. JUDE MEDICAL CRMD 15900 Valley View Court Sylmar, California 91392-9221
Telecopier: 703/872-9306	Telecopier: 818/362-4795
RE: Request for Reconsideration Applic. No. 10/092,695 Filed: 03/06/2002 Docket No. A02P1020US01	Number of pages being sent: <u>16</u> (including cover page)

PLEASE DELIVER TO EXAMINER G. Manuel, Art Unit 3762.

THE INFORMATION CONTAINED IN THIS TRANSMISSION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE AND THOSE PROPERLY ENTITLED TO ACCESS TO THE INFORMATION AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, AND/OR EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS TRANSMISSION IS NOT THE INTENDED OR AN AUTHORIZED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY UNAUTHORIZED DISTRIBUTION, DISSEMINATION, OR DUPLICATION OF THIS TRANSMISSION IS PROHIBITED. IF YOU HAVE RECEIVED THIS TRANSMISSION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE OR FACSIMILE. THANK YOU.

*Received
in cfc
10/04*

PATENTIN THE UNITED STATES PATENT AND TRADEMARK OFFICE**Applicant:** Joseph J. Florio et al.**Serial No.:** 10/092,695**Examiner:** G. Manuel**Filed:** 03/06/2002**Art Unit:** 3762**Docket No.:** A02P1020US01**For:** METHOD AND APPARATUS FOR USING A REST MODE
INDICATOR TO AUTOMATICALLY ADJUST CONTROL
PARAMETERS OF AN IMPLANTABLE CARDIAC
STIMULATION DEVICERECEIVED
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OCT 04 2004TRANSMITTAL LETTER, FEE AND CERTIFICATE OF MAILINGMail Stop Amendments
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith for filing are the following documents:

- ☒ Amendment and Request for Reconsideration
☒ Associate Power of Attorney
☒ Transmittal Letter, Fee and Cert. of Mailing

CALCULATION OF FEES						
ITEM	NO. OF CLAIMS REMAINING AFTER AMENDMENT	NO. OF CLAIMS PREVIOUSLY PAID FOR	ADD'L CLAIMS FILED	LARGE ENTITY FEE	\$ FEE	
A	TOTAL CLAIMS FEE	21	20	1	X \$18	\$ 18
B	INDEPENDENT CLAIMS FEE**	3	3	0	X \$86	\$ 0
C	MULTIPLE- DEPENDENT			0	X \$290	
D	EXTENSION OF TIME FEE — 1-mon: \$110; 2-mon: \$420; 3-mon: \$950; 4-mon: \$1,480					18
E	ADDITIONAL FEES (i.e., Surcharge – Late Fee- Declaration; Petitions; Information Disclosure Statement; Terminal Disclaimer, etc.) Specify:					
F	TOTAL ADDITIONAL FEE** (ADD TOTALS FOR LINES A,B,C,D, and E)					\$ 18**

<input checked="" type="checkbox"/> Charge Deposit Account No. 16-0068 the amount of	\$18**	A copy of this letter is enclosed.
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- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0068
- ☒ Any additional filing fees required under 37 CFR 1.16.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 16-0068
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,

Date: 10/1/04

Ronald S. Tamura

Ronald S. Tamura, Attorney for Applicants
Reg. No. 43,179

CUSTOMER NUMBER: 36802

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Mail Stop Amendments
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450, on:

October 1, 2004

Estrella Pinero

10/1/04
Date